



**REQUEST FORM FOR OFFICIAL STUDENT TRANSCRIPT/RECORDS
FROM A CLOSED PROPRIETARY SCHOOL**

To determine if we have records for a closed school that you attended, please contact our office at 225-342-4253 or 800-272-8090 before completing this form.

(Complete one form per school and mail to our office using one of the mailing addresses below.)

Mailing Address:

STATE OF LOUISIANA
BOARD OF REGENTS
PROPRIETARY SCHOOLS
P.O. BOX 3677
BATON ROUGE, LA 70821

Over-Night Mailing Address (Fed-Ex, USPS, UPS):

(Include a prepaid envelope if you want it shipped back over-night.)

STATE OF LOUISIANA
BOARD OF REGENTS
PROPRIETARY SCHOOLS
1201 N. 3RD STREET
SUITE 6-200 CLAIBORNE BLDG.
BATON ROUGE, LA 70802

(Please type or print in ink.)

Circle one: Mr. Miss. Ms. Mrs.

Your Current Name: _____

Mailing Address: _____

Other/Maiden Name(s): _____

Date of Birth: _____ Last 4 digits of your Social Security Number: _____

What is the name of the school you attended? _____

In what city was this school located? _____ Last year attended (approximate) _____

Have you ever requested a transcript from our office? Yes _____ No _____

(Fill out the following. Use the back of this page if more than 3 copies are needed.)

	Why do you need your records? <i>Use one example per line. Examples: personal, further my education, employment, financial, or other (explain).</i>	What records do you need? <i>Use one example per line. Examples: all records, transcripts, diploma/certificate, financial information, or other (explain).</i>	Send my records in a sealed envelope to: <i>Use one example per line. Example: home address, the address of the institution or business, and/or fax number and contact information.</i>
1			
2			
3			

FEE(S): The processing fee of \$10.00 includes the first official copy and all faxes. Additional printed copies of records are \$5.00 each. (All copies that are mailed from this office are official. Faxed copies are unofficial.) Payment must be made with a **“money order”** or **“business or certified check”** only, and shall be made payable to **“LA Board of Regents.”**

We do NOT accept personal checks, credit/debit cards or cash!

I HAVE ATTACHED \$_____ TO THIS REQUEST. I UNDERSTAND THAT THE FEE IS REFUNDABLE IF NO DOCUMENTATION IS LOCATED.

Daytime Phone Number: _____

SIGNATURE: _____ DATE: _____

(Our office will not process this request without a signature.)

Revised 02/14/2012

FOR OFFICE USE ONLY

Print pages: _____ Ck/MO # _____ Date: _____ Amt: _____